

**FILED**  
**May 02, 2002 8:00 am**  
**Secretary of State**

05-02-2002 90099 041 \*\*\*150.00

DOCUMENT # P01000076525

1. Entity Name

PIO'S PASTA, INC.

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

4320 S W 20 Avenue

3. Mailing Address

10711 S W 104 Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City &amp; State

Gainesville, Florida

City &amp; State

Miami, Florida

4. FEI Number

59-3735396

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

7. Name and Address of Current Registered Agent

Name  
Nat Naccarato & Associates, P.A.Street Address (P.O. Box Number is Not Acceptable)  
10711 S W 104 StreetCity  
Miami

FL

Zip Code  
33176

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☐

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D Anna Corsa 1225 S W 81 Drive Gainesville, Florida 32607
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**DO NOT WRITE  
IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: *Anna Corsa*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CORSA ANNA

04/19/02

(305) 598-2276

Date

Daytime Phone #

CR2E034B (12/01)